

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 2ND AMENDMENT		AFTER 3RD AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/		/			
3	/			/		
4	/			/		
5	/			/		
6	/			/		
7	/			/		
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23	/		4			
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48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	23	→	8	→		
TOTAL CLAIMS	3	[REDACTED]	33	[REDACTED]	[REDACTED]	[REDACTED]

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.		→		→		
TOTAL CLAIMS		[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]